

Bib. Sheet



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Bib Data Sheet

CONFIRMATION NO. 5435

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/174,337	10/19/1998	205	1741		
<b>APPLICANTS</b> JACOB JORNE, ROCHESTER, NY; JUDITH ANN LOVE, ROCHESTER, NY;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 11/02/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no		STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature _____ Initials _____			
<b>ADDRESS</b> JACOB JORNE 359 WESTMINSTER ROAD ROCHESTER, ,NY 14607					
<b>TITLE</b> UNIFORM ELECTROPLATING OF WAFERS					
<b>FILING FEE RECEIVED</b> 782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:				<input type="checkbox"/> All Fees
					<input type="checkbox"/> 1.16 Fees ( Filing )
					<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
					<input type="checkbox"/> 1.18 Fees ( Issue )
					<input type="checkbox"/> Other _____
					<input type="checkbox"/> Credit

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/174,337	10/19/98	204	1741	9806

APPLICANT

JACOB JORNE, ROCHESTER, NY; JUDITH ANN LOVE, ROCHESTER, NY.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED

DRV none

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

DRV none

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

DRV none

FOREIGN FILING LICENSE GRANTED 11/02/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>DRV</u> <u>Initials</u>	<u>Initials</u>	NY	5	18	2

ADDRESS

JACOB JORNE  
359 WESTMINSTER ROAD  
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TITLE

UNIFORM ELECTROPLATING OF WAFERS

FILING FEE RECEIVED	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$395		